



Breast Pump Release Form Manual or Single User

I have received a single-user breast pump from Medicaid for my most recent pregnancy.

☐ Yes ☐ No

If Yes, is there a problem with that pump? _____

I understand this breast pump is for my personal use only.

I have been instructed by (staff member) _____ on the following topics (please initial below):

Pumping techniques _____

Cleaning, assembly and care of the pump _____

Storage and use of pumped breast milk _____

I agree to use the pump and its parts as instructed by the staff. I understand this is for personal use only.

If I need further information or have questions regarding the use of this breast pump I will contact:

Clinic Name

Clinic Phone #

I understand that the local WIC Program, the Montana Department of Public Health and Human Services and their employees are NOT responsible for any personal damage caused by the use of this breast pump. I AM THE ONLY ONE RESPONSIBLE.

Participant Signature _____ Date _____

Participant ID# _____ Phone # _____

Breast Pump Issued _____

The participant has been determined to be eligible for a single-user breast pump for the following reason(s):

WIC Staff Signature

Date